

"original"

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Wayne Allen Beahm 70513 - 083

(Enter above the full name of the plaintiff
or plaintiffs in this action).

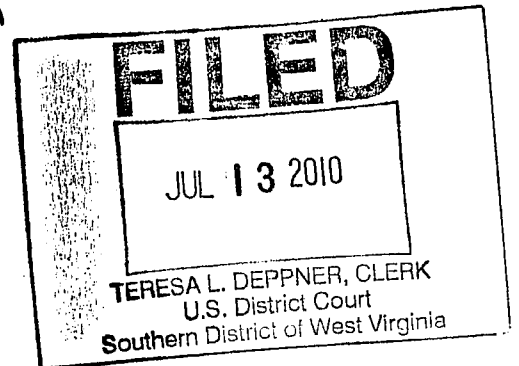
(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 5:10 - 0897
(Number to be assigned by Court)

D. BerKebile, Warden
K. Thompson HSA

(Enter above the full name of the defendant
or defendants in this action)



COMPLAINT

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No X

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs:

NONE

Defendants:

2. Court (if federal court, name the district; if state court, name the county);

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: FCI Beckley - P.O. Box 350
Beaver, WV.
25813

A. Is there a prisoner grievance procedure in this institution?

Yes X No

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes _____ No X

C. If your answer is YES:

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not: My grievance began AT FCI Beckley - A Federal Facility.

Parties

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

70513-083
A. Name of Plaintiff: Wayne Allen Beahm

Address: ECI Beckley - P.O. Box 350 - Beaver, WV,
25813

B. Additional Plaintiff(s) and Address(es): _____

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

- C. Defendant: A. Berkebile
 is employed as: Warden
 at FCI Beckley P.O. Box 350 Beaver, WV.
25813
- D. Additional defendants: _____
K. Thompson H S A
FCI Beckley P.O. Box 350
Beaver, WV. 25813

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I am in chronic pain. Had
back surgery in 1983 And now
have complications in Lower back
And both Legs. My pain is
severe And bothers me All
the time. My pain management
specialist diagnosed me totally
disabled and put me on SSI disability.
Dr. Rezba prescribed me 80mg. oxycontin
three times daily. ⁴

IV. Statement of Claim (continued):

The medications giving to me here are totally inadequate to relieve my pain.

A medical Center like Lexington, Ky. can provide me physical therapy and a pain management plan. I have exhausted the administrative remedies. The institutions delaying tactics are causing me to suffer much.

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

A court order to have me transferred immediately - so there will be no conflict of interest.

Lexington Ky. would be my choice of medical care, especially, pain management,

cont.

V. Relief (continued):

The plaintiff seeks compensatory
And punitive damages in an
Amount to be determined at a later
date, And Attorney's fees.
For any other further relief permitted by law
And / or awarded by a court of law.

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____

No X

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons: So the judge

CAN MAKE A FINAL DECISION.

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____

No X

If so, state the lawyer's name and address:

Signed this 8th day of July, 20 10.

Wayne Allen Beahm

Wayne Allen Beahm
Signature of Plaintiff or Plaintiffs

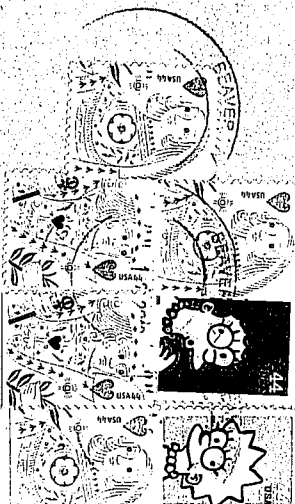
I declare under penalty of perjury that the foregoing is true and correct.

Executed on 7-8-2010
(Date)

Wayne Allen Beahm
Signature of Movant/Plaintiff

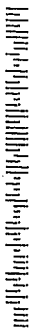
Signature of Attorney
(if any)

Wayne A. Beahm 70513-083
Federal Correctional Institute - Beckley
P.O. Box 350
Beaver, WV
25813



Clerk, United States District Court
110 North Heber Street, Room 119
Beckley, WV.
25801

Legal Mail



QUALITY PARK
9-1/2 x 12-1/2

FEDERAL CORRECTIONAL INSTITUTION
BECKLEY
PO BOX 1280
BEAVER, WV 25813 7/9/10
DATE _____

THE ENCLOSED LETTER WAS PROCESSED THROUGH
SPECIAL MAILING PROCEDURES FOR FORWARDING TO
YOU. THE LETTER HAS BEEN NEITHER OPENED NOR
INSPECTED. IF THE WRITER RAISES A QUESTION OR
PROBLEM OVER WHICH THIS FACILITY HAS JURISDICTION,
YOU MAY WISH TO RETURN THE MATERIAL
FOR FURTHER INFORMATION OR CLARIFICATION. IF
THE WRITER ENCLOSES CORRESPONDENCE FOR
FORWARDING TO ANOTHER ADDRESSEE, PLEASE
RETURN THE ENCLOSURE TO THE ABOVE ADDRESS.